

	REQUEST FOR SCHOOL RECORDS		School	INCOMING SCHOOL	
Date				<input type="checkbox"/> Cedar Middle School <input type="checkbox"/> Center School <input type="checkbox"/> High School	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
School Last Attended Information					
	Name of School Last Attended				
	Street Address of School Last Attended				
	City	State	Zip	Telephone	Facsimile

<input type="checkbox"/> I hereby authorize disclosure of my child's pertinent records to the school designated below.			
<input type="checkbox"/> I hereby authorized disclosure of other pertinent information regarding my child to the school designated below.			
<input type="checkbox"/> Center/Sylvester School 65 Silver Street Hanover, MA 02339	<input type="checkbox"/> Cedar School 265 Cedar Street Hanover, MA 02339	<input type="checkbox"/> Hanover Middle School 45 Whiting Street Hanover, MA 02339	<input type="checkbox"/> Hanover High School 287 Cedar Street Hanover, MA 02339

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Student's Name		Date of Birth
Student's Address		Current Grade
Signatures		
	Parent's Signature	Date